



ATTORNEY DOCKET NO.: 12001-105

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants: Bharti Temkin et al.

Group Art Unit: 2671

Serial No. 09/844,635

Confirmation No.: 1591

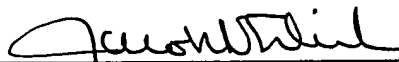
Filed: April 28, 2001

Title: HAPTIC VIRTUAL ENVIRONMENTS

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Jacob N. Erlich

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REQUEST FOR CORRECTED FILING RECEIPT

Commissioner for Patents  
Washington, D.C. 20231

Sir:

In the above-identified application, a corrected filing receipt is requested.

In the filing receipt, the Domestic Priority data as claimed by applicant should read as follows:

-- This application claims priority of U.S. Provisional Application Serial No. 60/200,407 filed April 28, 2000. --

Applicants respectfully request a corrected filing receipt with the above-listed correction. A copy of the original filing receipt is enclosed with corrections noted.

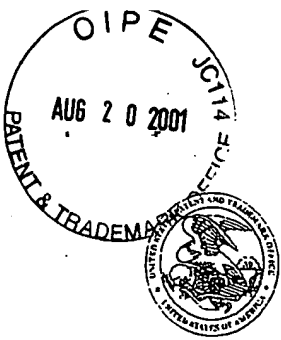
Although no fee is required, the Assistant Commissioner for Patents is hereby authorized to charge any deficiencies to or credit any overpayment to Deposit Account No. 03-2410, (Order No. 12001-104).

Respectfully submitted,  
Bharti Temkin, et al., Applicants

By: Jacob N. Erlich 6-29-01  
Jacob N. Erlich  
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12001-104-ReqCorrectOFR

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## UNITED STATES PATENT AND TRADEMARK OFFICE

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APPLICATION NUMBER	FILING DATE	GRP ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLAIMS	IND CLAIMS
09/844,635	04/28/2001	2671	355	12001-105	3	2	1

CONFIRMATION NO. 1591

26486  
PERKINS, SMITH & COHEN LLP  
ONE BEACON STREET  
30TH FLOOR  
BOSTON, MA 02108

## FILING RECEIPT



\*OC00000006216007\*

Date Mailed: 06/22/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

## Applicant(s)

Bharti Temkin, Ransom Canyon, TX;  
Eric Acosta, Lubbock, TX;July 11, 2001 DOCKETEDCorrect Name Prior  
Claim from Prov.Domestic Priority data as claimed by applicant This application  
claims priority of U.S. Provisional Application Serial No. 60/200,401  
Filed April 28, 2000.  
Foreign Applications

If Required, Foreign Filing License Granted 06/21/2001

Projected Publication Date: To Be Determined - pending completion of Missing Parts

Non-Publication Request: No

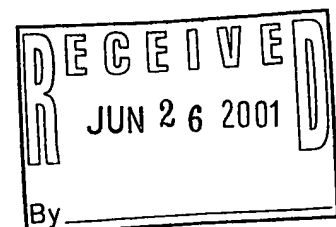
Early Publication Request: No

\*\* SMALL ENTITY \*\*

## Title

Haptic virtual environments

Preliminary Class

6-26-01

Docketed as Rec'd



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Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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PTO/SB/21 (08-00)

0360 08.31 0450 Receipt

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/844,635	
	<b>Filing Date</b>	04/28/01	
	<b>First Named Inventor</b>	Bharti Temkin	
	<b>Group Art Unit</b>	2671	
	<b>Confirmation No.</b>	1591	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	12001-105

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Duplicate Preliminary Amendment, copy of previously submitted Application Data Sheet, copy of previously submitted Request for Corrected Filing Receipt, and return receipt postcard.</b>
<b>Remarks</b>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

<b>Firm or Individual name</b>	Jacob N. Erlich, Reg. No. 24,338
<b>Signature</b>	
<b>Date</b>	AUG 16, 2001

### CERTIFICATE OF MAILING

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<b>Typed or printed name</b>	Jacob N. Erlich		
<b>Signature</b>		<b>Date</b>	8-16-2001

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